## KENTUCKY TRANSPORTATION CABINET Dept. of Vehicle Regulation/Division of Motor Carriers P.O. Box 2007, Frankfort, KY 40602-2007 (502) 564-4127 (8:00 AM - 4:30 PM EST) Walk-ins 8:00 AM - 4:00 PM TRANSPORTATION.KY.GOV/DMC



## **Affidavit for Passenger Plate Transfer**

The Affiant,	
	(Your name)
Being duly sworn deposes as follows:	(Company Name)
	(Company Name)
That on the day of	, 20 the following vehicle
☐ Airport Shuttle, ☐ Bus, ☐ Contract Carrier	r, $\square$ Disable Persons Vehicle, $\square$ Limo, $\square$ Taxi (check one).
Vehicle Identification Number	, Make
Year , Company Unit Number	, bearing Kentucky License Plate Number
	was $\square$ sold, $\square$ transferred, $\square$ destroyed (check one).
Destroyed reason:	(Required)
to	
	nt or the Affiant's company on the highways of Kentucky during the
•	
current license period in a for-hire operation. The	Affiant further states that Tag Number (Division of Motor Carriers issued tag)
☐ has, ☐ has not (check one) previously bee	
AFFIANT SIGNATURE	
AFFIANT SIGNATURE	
DATE	
TD4N055D T40 T0 T/	
TRANSFER TAG TO TH	IE FOLLOWING DESCRIBED VEHICLE:
YEAR AND MAKE	
VEHICLE IDENTIFICATION NUMBER	
LICENSE NUMBER	
COMPANY NUMBER	
CERTIFICATE OR PERMIT NUMBER	